Maryland Board of Pharmacy Public Board Meeting

Agenda November 20, 2019

Name	Title	Present	Absent
Ashby, D.	Commissioner		
Bouyoukas, E	Commissioner		
Evans, K.	Commissioner		
Hardesty, J.	Commissioner/Treasurer		
Leikach, N.	Commissioner		
Morgan, K.	Commissioner/President		
Oliver, B	Commissioner		
Rusinko, K.	Commissioner/Secretary		
Singal, S.	Commissioner		
Yankellow, E.	Commissioner		
Bethman, L.	Board Counsel		
Felter, B.	Board Counsel		
Speights-Napata, D.	Executive Director		
Fields, E.	Deputy Director /Operations		
James, D.	Licensing Manager		
Leak, T.	Compliance Director		
Clark, B.	Legislative Liaison		
Chew, C.	Management Associate		

Subject Responsible Party	Discussion	Action Due Date (Assigned To)
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I. Executive Committee Report(s)	A.) K. Morgan, Board President	Members of the Board with a conflict of interest relating to any item on the agenda are advised to notify the Board at this time or when the issue is addressed in the agenda.	
		1. Call to Order	
		2. Sign-in Introduction and of meeting attendees – (Please indicate on sign-in sheet if you are requesting CE Units for attendance)	
		3. Distribution of Agenda and packet materials	
	B.)K. Rusinko, Secretary	4. Review and approve October 2019 Public Meeting Minutes	
II. A. Executive	D. Speights-	1. Pharmacy School InternSandra Nzounkwelle	
Director Report	Napata,	2. New Board CommissionerSurinder Singal	
	Executive Director	3. MSHP Fall Seminar 4. Board Holiday ClosuresNov. 28th and 29th	
B. Operations	E. Fields, Deputy Director/ Operations	1. Procurement and Budget Updates a: October 2019 Financial Statements b: Fine income YTD collected is \$90,000 vs \$141,850 collected for FY 2019	
		2. Management Information Systems (MIS) Unit Updates None	
C. Licensing	E. Bouyoukas,	1. Unit Updates	
	Commissioner	2. Monthly Statistics	
		License Type New Renewed Reinstated Total	
		Distributor 19 13 0 1,345	

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		Pharmacy	9	0	0	2,048	
		Pharmacist	86	506	0	13,397	
		Vaccination	63	155	0	4,884	
		Pharmacy Intern - Graduate	4	0	0	51	
		Pharmacy Intern - Student	15	17	0	779	
		Pharmacy Technician	104	357	3	10,007	
		Pharmacy Technician- Student	3	0	0	29	
		TOTAL	303	1,048	3	31,623	
D. Compliance	T. Leak, Compliance Director	EmployeDiscipling	Statistics estigations:	- 1	State - 3		
			ssional Con	duct - 4			

Subject	Responsible Party	Discussion	Action Due Date (Assigned To)
		 Fraud - 1 Medication Error - 4 Unlicensed Personnel - 2 Dispensing Error - 4 Child Support - 2 Inspection Issues - 7 Resolved (Including Carryover) - 28 Actions within Goal - 28/28 Final disciplinary actions taken - 10 Summary Actions Taken - 0 Average days to complete - 0 Inspections: Total - 157 Annual Inspections - 140 Opening Inspections - 4 Closing Inspections - 7 Relocation/Change of Ownership Inspections - 2 Board Special Investigation Inspections - 4	
E. Legislation & Regulations	B. Clark, Legislative Liaison	Regulations Legislation	
III. Committee Reports			

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A. Practice Committee	Evans, K. Commissioner	Sherry Gregor – America's Pharmacy Source: I am wondering what the proper protocol is for a pharmacist to change a patient prescription (maintenance medication) refill from a 12 month/30 quantity supply to a 4 month/90 quantity supply	
		Proposed response: Under Health Occupations Article § 12-512(c)(2), a pharmacist may dispense up to a 90-day supply of a prescription drug pursuant to refills written by an authorized provider, provided that 1) the pharmacist is not dispensing an initial fill of the prescription or a change in the prescription; and 2) the drug being dispensed is not a controlled substance.	
		Tyika Bassagou – Applicant #121454: There was a question with no right answer.	
		Which of the Following can a pharmacist delegate to her technician? - Transferring non-controlled substance prescription - Transferred non- controlled substance prescription - Accepting new Prescription - Independently compounding The Law says that that a technician cannot do all this. I thing the right answer might be "accepting new prescription at a drop off window"	
		Proposed response: Assuming that either A or B referred to <i>controlled substances</i> rather than non-controlled, then the answer referencing the transfer of a controlled substance prescription would be the correct response. (COMAR 10.34.34.03)	
		Joshua Ryan – MedStar Franklin Square Medical Center: Franklin Square Medical Center operates an inpatient pharmacy as well as an outpatient oncology infusion physician practice in Bel Air, MD. As there is no pharmacy at the Bel Air Office, we would like to have pharmacists from Franklin Square review orders and make modifications to orders/labels after consulting with physicians. In	

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		the EMR this will list them as the dispensing pharmacist even though they are not physically present to dispense. We were going to outline in a policy what the term "dispensed by" meant at this site to reflect appropriate practice. I look forward to hearing back if we can begin having our pharmacist remote review physician orders for an offsite clinic.	
		Proposed response: A pharmacist can participate in this manner provided that it's a clinical review and not a review of the final product. In addition records should reflect the health care provider who actually prepared the product.	
		Laura Pone – Benesch Friedlander Coplan & Aronoff LLP: Is a chart order from a long term care facility considered a valid order for the purpose of dispensing discharge medications to patients that are ready to be discharged? Proposed response: Provided that all labeling requirements are met and all necessary elements (e.g. quantity) are contained in the chart order, then the chart order would be a valid order for the purpose for dispensing discharge medication.	
		Ayman Ness: My question is are we still should not exceed the 5 percent?? To be very clear, we order and sell to other places on small scale, so we order from Amerisource or McKesson and send to other places including government. Should we still follow the 5%? Kindly please let me know if our registration as a distributor is enough. Any other conditions that we have to consider or any other important notes related to the distribution and we are not considering CONTROLLED items in my question as we don't work on it.	
		Proposed response: If you are distributing under your distributor permit, the 5% rule does not apply. The "5% rule" contained in Health Occupations Article § 12-6C-01(v) (2) (xii) only applies to	

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		pharmacies that are engaging in wholesale distribution; it does not apply to duly permitted wholesale distributors.	
		Raymond Lake – MedStar Health Inc: From a BOP perspective, what are your thoughts on whether we can implement IV Prep at Bel Air, which is a non-Pharmacy Oncology clinic, with remote checking to be done by Pharmacists in the Loch Raven facility managed by MFSMC? Presently, a Med Tech and Nurse prepare/check oncology and non-oncology sterile admixtures at Bel Air. Will this require writing a letter to the MD BOP asking for permission to use this technology as I've indicated?	
		Proposed response: A pharmacist can participate in this manner provided that it's a clinical review and not a review of the final product. In addition, the record should reflect the health care provider who actually prepared the product.	
		Any questions regarding med techs for med techs should be directed to the Maryland Board of Physicians.	
		Shirish Patil – Chase Brexton Health Care: At our Healthcare Center, we have a Medication Support Team (MST) that prepares weekly/bi-weekly pill boxes for patients that are either challenged or incapable of organizing and preparing their own daily medication regimen.	
		The patient specific medication supplies used in preparation of these pill boxes are prepared in our regular Pharmacy and accuracy verified by a pharmacist per standard pharmacy practice. The pill boxes are then prepared in the MST medication room by a certified pharmacy technician.	
		We have the following two questions in regards to checking of these pill boxes prior to dispensation to a patient:	

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		1) Can these filled pill boxes be checked by a licensed nurse?	
		2) Can these pill boxes be checked by another certified pharmacy technician?	
		Proposed response: Once the medication has been dispensed to the patient or patient's agent (the "MST"), any further manipulation of the packaging is not under the purview of the Maryland Board of Pharmacy. It is permissible for a pharmacy technician to perform this check, but it should be noted that because the medication is considered to be dispensed once it is handed over to the MST, the technician would not be performing a designated pharmacy act in this scenario.	
		Your question regarding whether a nurse may check pill boxes should be directed to the Maryland Board of Nursing, as this is a question regarding a nurse's scope of practice.	
		Sarah Benner: I'm the psychiatric clinical pharmacist at PRMC in Salisbury. I'm emailing for clarification regarding pharmacist scope of practice regarding administration of IM non-vaccinations on hospital grounds for non-inpatients.	
		Proposed response: Pharmacists are currently only permitted to administer vaccinations pursuant to Md. Code Ann., Health Occ. § 12-508 and self-administered drugs pursuant to Md. Code Ann., Health Occ. § 12-509. Pharmacists thus may not administer non-vaccination IM injections, except to the extent that they are self-administered drugs under Md. Code Ann., Health Occ. § 12-509.	

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B. Licensing Committee	D. Ashby, Chair	 1. Review of Pharmacist Applications: a. #120685 - The applicant is requesting ADA Testing accommodation for the MPJE and NAPLEX exams. He is requesting an additional two hours for both exams. The applicant has test anxiety agitation, and poor concentration. (Regular exam time is four hours long) Committee's recommendation: Approve b. #123463 - The applicant is requesting ADA Testing accommodation for the MPJE and NAPLEX exams. She would like an additional 4 hours, reduced distraction, and written text exams. The applicant's diagnosis of her disability are anxiety, panic attacks, and other physiological arousal, ADHD with insufficient symptoms of inattention and hyperactivity. (Regular exam time is four hours long) Committee's recommendation: Approve 	
		c. #119576 - The applicant is requesting an additional 1.5 hours for his ADA Testing accommodations for the MPJE exam. The applicant has been diagnosed with ADD. (Regular exam time is four hours long) Committee's recommendation: Approve	
		d. #118757 - The applicant is requesting a four-month extension of his NAPLEX ATT eligibility date and MDBOP application. The applicant was granted his ATT eligibility on 10/10/2018, which he never utilized. This is his first eligibility date extension request addressing the Board. Committee's recommendation: Approve	

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		e. MB - Pharmacist MB request for refund was denied at the September 2019 Board meeting. He is requesting reconsideration. He has not provided additional information. Committee's Recommendation: Deny	
		f. HU - Pharmacist HU is requesting a waiver of the reinstatement process. He renewed online 08/28/2019, and answered 'no" to question # 11, Have you completed the required CE? An email was sent on 08/29/2019 requesting proof of CE's, no response was received. Committee's Recommendation: Deny	
		2. Review of Pharmacy Intern Applications: NONE	
		3. Review of Pharmacy Technician Applications:	
		4. Review of Distributor Applications: NONE	
		5. Review of Pharmacy Applications: NONE	
		6. Review of Pharmacy Technicians Training Programs: NONE	
		7. Continuing Education Hours Requests:	
		Description of Approval Process – K. Rusinko	
		a. Ashley Rzepinnik - Ms. Rzepinnik requests the denial of the CE request be reconsidered. Her request for reconsideration is based on the fact that for the past 5 years the same program has been approved and that the program has not changed.	

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		Committee's Recommendation: Approve for 2 hours. DAN ASHBY AND KRIS RUSINKO RECUSED	
		b. Carlita Kearney - Ms. Kearney would like the reason/reconsideration for denial of the CE program. Committee's Recommendation: Approve for 2 hours. DAN ASHBY AND KRIS RUSINKO RECUSED	
		c. Ali Dalili - Requesting CE approval as an attendee. Committee's Recommendation: Deny	
		 d. Hye Jin Pak - Requesting CE approval as an attendee. Committee's Recommendation: Approve for 1.5 hours 	
		 8. New Business: a. Healix Infusion Therapy LLC - At the September 2019 Board meeting a 30-day extension was granted to allow for operations at the company's new facility while awaiting VAWD inspection. Due to delays the company is requesting additional time. The company is requesting a 60-day extension. Committee's Recommendation: Approve 	
		b. CRX Specialty Solutions Pharmacy -Is requesting an extension to the 60 day Maryland Pharmacist replacement. The future MD pharmacist, John Sullivan is pending Committee and Board review. The previous MD Pharmacist (Steven Boyd) resigned effective 09/15/2019. Committee's Recommendation: Approve	

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		c. Y.A Registrant YA is requesting the hours earned as a technician to be used as intern hours. She held a technician registration from 04/28/2016 to 03/28/2019. Her intern registration was issued 03/28/2019. Hours earned as a technician can be counted towards intern hours if accrued on or before 10/01/2015. Committee's Recommendation: Deny	
C. Public Relations Committee	E. Yankellow, Chair	Public Relations Committee Update:	
D. Disciplinary	J. Hardesty, Chair	Disciplinary Committee Update	
E. Emergency Preparedness Task Force	N. Leikach, Chair	Emergency Preparedness Task Force Update	
IV. Other Business & FYI	K. Morgan, President	 Commissioner overnight stipend compensationincrease to \$250Kevin Morgan Schools of Pharmacy Committee MeetingKarla Evans 	
V. Adjournment	K. Morgan, President	A. The Public Meeting was adjourned. B. K. Morgan convened a Closed Public Session to conduct a medical review committee evaluation of confidential applications. C. The Closed Public Session was adjourned. Immediately thereafter, K. Morgan convened an Administrative Session for purposes of discussing confidential disciplinary cases.	•

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		D. With the exception of cases requiring recusals, the Board members present at the Public Meeting continued to participate in the Closed Public Session and the Administrative Session.	